

DOCKET NO: 11321-PO22W001 CLIENT (Ref.): Rice Univ. ATTY/PRLG RCS

Inv/Applicant: Teur et al. TITLE: CN's Derivatized w/

App'l/Grant No: 10/632,419  
PTO RECEIPT DATE STAMP:

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| <input type="checkbox"/> New Patent Application:                 | <input type="checkbox"/> Transmittal Letter  |
| <input type="checkbox"/> App'l Data Sheet                        | <input type="checkbox"/> Fee Transmittal   |
| <input type="checkbox"/> Provisional                             | <input type="checkbox"/> Check(s) - \$   |
| <input type="checkbox"/> Prov Cvr Sheet                          | <input type="checkbox"/> Issue Fee <input type="checkbox"/> Check - \$                                     |
| <input type="checkbox"/> Utility                                 | <input type="checkbox"/> Maintenance Fee Transmittal   |
| <input type="checkbox"/> CONT                                    | <input type="checkbox"/> Check - \$  |
| <input type="checkbox"/> CIP / DIV                               | <input type="checkbox"/> PCT Request   |
| <input type="checkbox"/> CPA / RCE                               | <input type="checkbox"/> PCT Chapter II Demand   |
| <input type="checkbox"/> Plant                                   | <input type="checkbox"/> PCT Fee Calculation Sheet   |
| <input type="checkbox"/> Design                                  | <input type="checkbox"/> APPEAL <input type="checkbox"/> APPEAL BRIEF <input type="checkbox"/> REPLY BRIEF |
| <input type="checkbox"/> PCT                                     | <input type="checkbox"/> Petition-Extension of Time - Months <input type="checkbox"/> Check - \$           |
| <input type="checkbox"/> Drawing(s) Sheets                       | <input type="checkbox"/> PETITION:   |
| <input type="checkbox"/> Gene Sequence                           | <input type="checkbox"/> FORM  |
| <input type="checkbox"/> Computer Readable                       | <input type="checkbox"/> FORM  |
| <input type="checkbox"/> Paper Copy                              | <input type="checkbox"/> Response to FORM  |
| <input type="checkbox"/> Declaration                             | <input checked="" type="checkbox"/> Response <u>Amendment</u>  |
| <input type="checkbox"/> Power of Attorney                       | <input type="checkbox"/> Resp. to Notice: Non-Compliant App'l / Missing Parts / Inv. To Correct Defects    |
| <input type="checkbox"/> PCT - Original / Copy                   | <input type="checkbox"/> Request for Correction:   |
| <input type="checkbox"/> Non-Publication Request                 | <input checked="" type="checkbox"/> OTHER: <u>reborn postcard</u>  |
| <input type="checkbox"/> IDS, PTO/SB/08A-B, # Ref:               |  |
| <input type="checkbox"/> Assignment - \$                         | DUE: <u>1/16/07</u> MAILED: <u>2/16/07</u>   |
| <input type="checkbox"/> Assignment Cvr Sheet                    |  |
| <input checked="" type="checkbox"/> Mailed Via: EXPRESS MAIL No: | <u>EL 812637012US</u> <input type="checkbox"/> Certificate of Mailing                                      |